California Integrated Waste Management Board E-mail: PlasticCarryoutBag@ciwmb.ca.gov

At-Store Recycling Program SHEET B PLASTIC CARRYOUT BAG/FILM PLASTIC RECYCLING MODEL DATA SHEET

Section 1—Identification of Operator or Designated Reporting Party Submitting Plastic Carryout Bag/Film Recycling Data Sheet			
Name of Operator or Designated Reporting Party:			
2. Mailing Address:			
3. City: State: ZIP C	Code:		
4. Contact Person: 5. Phone N	lumber:		
6. E-mail Address: (optional)			
7. Name of Operator(s): (if different from line 1 above, complete lines 8-12 for each Operator)			
8. Mailing Address:			
9. City: State: ZIP C	Code:		
10. Contact Person: 11. Phone ()	Number:		
12. Designated Reporting Party's Relationship to Operator: Check all that apply (See Note 1 below Recycler/Broker Waste Collector/Hauler Distributor/Wholesaler	<i>'</i>)		
Bag Manufacturer Shipping Company: Other: Please specify			
Section 2—Plastic Carryout Bag/Film Plastic Material Recycled			
13 a. Weight of All Plastic Carryout Bags Recycled During the Reporting Period: pounds	☐ C/P*		
OR (See Note 2 below) b. Weight of All Film Plastic Material Recycled During the Reporting Period:			
	□ C/P*		
pounds			
14. Is Weight Data on line 13b based on use of an Operator-Determined Co-Mingled Recycling Rate (please check the applicable box)?	☐ YES		
If Yes, submit documentation providing the formula used to calculate the recycling rate.	□ NO		

NOTE 1: The information for Line 12 is optional

NOTE 2: .A reporting party may report either the weight of plastic carryout bags recycled or the weight of all film plastic materials recycled. If the weight of all film plastic materials is reported, the CIWMB will calculate the weight of plastic carryout bags recycled by applying either the CIWMB-determined co-mingled recycling rate or the Operator-Determined Co-Mingled Recycling Rate. A reporting party with weigh data for both lines 13a and 13b should call CIWMB for instructions before submitting this Model Data Sheet.

Attach Additional Copy of this Data Sheet if Necessary

* CONFIDENTIAL / PROPRIETARY/TRADE SECRET INFORMATION: If information provided about a listed company or particular data is considered confidential, proprietary or a trade secret, please indicate by placing a check mark in the box marked "C/P" after filling in the appropriate information.

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Section 3—Plastic	Carryout Bag or Film Plastic Recyc	ler Information
List every Recycler, Broker, Shipping Company or Any Person who Recycled the Collected Plastic Carryout Bags or Film Plastic shown on Line 13 of Section 2.		
Company 1:		
15a. Company Name:		
16a. Address:		
17a. City:	State:	ZIP Code:
18a. Contact Person:		19. Phone Number:
20a. Weight listed on line 13a (Plastic Carryout Bags) OR Weight listed on line 13b (All Film Plastic Material) that was recycled by this company:		
		Pounds
Company 2: □ C/P*		
15b. Company Name:		
16b. Address		
471. 0''	01-1-	710.0.1.
17b. City:	State:	ZIP Code:
18b. Contact Person:		19b. Phone Number: ()
20b. Weight listed on line 13a (Plastic Carryout Bags) OR Weight listed on line 13b (All Film Plastic Material) that was recycled by this company:		
		Pounds
Company 3:		
15c. Company Name:		
16c. Address		
17c. City:	State:	ZIP Code:
18c. Contact Person:		19c. Phone Number:
20c. Weight listed on line 13a (Plastic Carryout Bags) OR Weight listed on line 13b (All Film Plastic Material) that was recycled by this company:		
		Pounds

Attach Additional Copies of this Sheet if Necessary

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Plastic Provide the re-	sses of Stores, Distribution Centers, Ware Carryout Bags or Film Plastic Recycling quested information for each location where the recontrol of the plastic carryout bags or film plastic	Transactions Occurred ecyclers listed in Section 3 took
Location 1:		
21a. Company Name:		
22a. Street Address:		
23a. City:	State:	ZIP Code:
24a. Contact Person:		25a. Phone Number:
Location 2:		
21b. Company Name:		
22b. Street Address		
23b. City:	State:	ZIP Code:
24b. Contact Person:		25b. Phone Number:
Location 3:		
21c. Company Name:		
22c. Street Address		
23c. City:	State:	ZIP Code:
24c. Contact Person:		25c. Phone Number:
Location 4:		
21d. Company Name:		
22d. Street Address		
23d. City:	State:	ZIP Code:
24d. Contact Person:		25d. Phone Number:

Attach Additional Copies of this Sheet if Necessary

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